Improving Nursing Home Cascade Communication for Quality Measures

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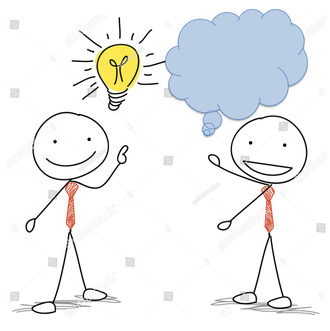
Introduction

- Nursing Home (NH) residents are a vulnerable population with a high risk for preventable harm.
- Effective communication is an essential attribute of high performing NH teams who provide safe high-quality care.



- The CMS '**quality measure' (QM)** tool monitors NH quality and delivers public report cards.
- Frontline NH staff have lower awareness of NH quality measures.
- A QM '*percent of residents whose need for help with activities of daily living has increased*' is derived from staff charting of NH residents' activities of daily living (ADLs).
- ADL notes are frequently **missing, incomplete, or inaccurate** leading to work arounds and an increased risk of inaccurate QM data.
- **Late Loss ADLs** (*bed mobility, eating, toileting and transfers*) are impacted by this QM.

Aim/Objective

Improve cascade communication for QMs in NH staff using evidence-based communication plan measured through baseline/follow-up retrospective chart audit and staff feedback.

Quality Improvement Methods

- **Framework**
  - ✓ Kotter's 8-step change model
- **Setting**
  - ✓ 110-bed nursing home
- **Participants:**
  - ✓ Up to 20 front-line nursing staff of one NH unit
  - ✓ Staff worked either night [N], day [D], or evening [E] shift
  - ✓ Chart audits 168 notes
- **Project activities**
  - ✓ Daily two-minute educational activity embedded in shift huddles
  - ✓ 1:1 role play; case studies
- **Outcomes**
  - ✓ **Resident ADL notes** – missing, incomplete, or inaccurate
  - ✓ **Staff feedback** - Team Development Measure (TDM) tool
- **Data Analysis**
  - ✓ Descriptive statistics
  - ✓ Non-parametric Chi-Square test/Fisher's Exact Test

Results

- **Resident ADL Note Chart Audits**
- ✓ Baseline (n=84);Follow-up (n=84)
- ✓ Documentation gaps persisted
- ✓ Incomplete/inaccurate **evening shift** notes improved by 15.78%/17.39%
- ✓ No statistically significant relationships identified

Table 1: Summary Data - Baseline and Follow up ADL Note Audit

ADL Note	Missing	Incomplete	Inaccurate
Baseline	36	60	64
Follow up	45	59	59

Table 2 : Night Shift Baseline/Follow-up

Night Shift ADL Note	Baseline	Follow-Up	*p-value*
Missing	10	17	1.000
Incomplete	19	21	0.646
Inaccurate	18	18	0.703

Table 3 : Day Shift Baseline/Follow-up

Day Shift ADL Note	Baseline	Follow-Up	*p-value*
Missing	18	20	0.400
Incomplete	22	22	0.581
Inaccurate	23	22	0.285

Table 4 : Evening Shift Baseline/Follow-up

Evening Shift ADL Note	Baseline	Follow-Up	*p-value*
Missing	8	8	0.371
Incomplete	19	16	0.223
Inaccurate	23	19	1.000

*p<0.05

- **TDM Staff feedback:**
- ✓ Baseline (n=18); Average TDM 55
- ✓ Follow-up (n=9); Average TDM 48
- ✓ Decline from stage 3 - *building clarity of roles* to stage 2 - *building communication*.

Figure 1: TDM Stages

TEAM DEVELOPMENT MEASURE ®		
TEAM STAGE	TEAM ATTRIBUTES	SCORE RANGE
Fully Developed	All team Attributes are Firmly in Place	88-100
Stage 8	Goals, Means Established	81-87
Stage 7	Roles Established	78-80
Stage 6	Communication Established	70-77
Stage 5	Cohesiveness Established	64-69
Stage 4	Building Clarity of Goals, Means	58-63
Stage 3	Building Clarity of Roles	55-57
Stage 2	Building Communication	47-54
Stage 1	Building Cohesiveness	37-46
Pre-Team	Any team Attributes are Accidental	0-36

Discussion

- NH environment is unique and calls for tailored QI interventions
- Outcomes were significantly impacted by lack/delayed delivery of IT infrastructure and staffing shortages
- Limitation: small sample size; short duration.

Implications

- **Clinical Practice:** NH resident safety
- **Healthcare Policy**: Workplace barriers, staff accountability, hardwired audits
- **Quality & Safety:** Yields QI data
- **Education**: New hire/annual trainings; nursing school curriculum
- **Economic/Cost Benefits:** Resource utilization; reimbursement

Conclusion

- Promoting staff awareness of NH QMs is essential for the development of effective teams.
- Policies that address major system barriers (such as IT infrastructure and staffing resources) should be valued.

References

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